

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042273

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 3076

STATE FILE NUMBER

FILED OCT 30 1963

1. PLACE OF DEATH

a. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Kirkwood

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St Joseph Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jefferson

c. CITY
OR TOWN

House Springs Mo

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)
R.R.

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Anton

Duda Sr.

4. DATE
OF DEATH

Month Day Year

10 - 6 - 63

5. SEX

M

6. COLOR OR RACE

W

7. Married

☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1/21/1900

9. AGE (last birthday)

63

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Highway Dept.

10b. KIND OF BUSINESS OR INDUSTRY

Maint.

11. BIRTHPLACE (City and state or country)

House Springs Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Anton Duda

13b. MOTHER'S MAIDEN NAME

Philomena Kovarik

14. NAME OF HUSBAND OR WIFE

Agnes Duda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Anton Duda Jr

Address

House Springs Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic pyelonephritis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from September 1962 to October 6, 1963 and last saw him alive on Oct. 5, 1963. Death occurred at 2:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles E. Hagenmeyer, M.D.

22b. ADDRESS

135 W. Adams Ave., Kirkwood, Mo.

22c. DATE SIGNED

Oct. 7, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10/9/63

23c. NAME OF CEMETERY OR CREMATORY

Our Lady Queen of Peace

23d. LOCATION (City, town, or county)

House Springs Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Brimmer Funeral Home House Springs Mo

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 4012

2 0500

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13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert J. San Jr.

Licensed Embalmer No. 4800

P. O. Address

Kirkwood 27 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.